

COPY OF PAPERS  
ORIGINALLY FILED

1645

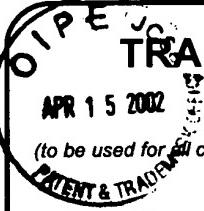
Please type a plus sign (+) inside this box → +

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

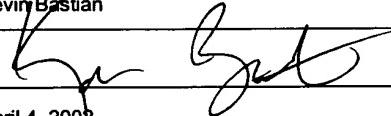
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

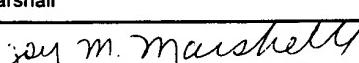
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application Number	10/072,077
		Filing Date	February 7, 2002
		First Named Inventor	Gallie, Daniel R.
		Group Art Unit	1645
		Examiner Name	Not Assigned
Total Number of Pages in This Submission	Attorney Docket Number	02307O-121500US	

ENCLOSURES (check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <em>(for an Application)</em> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)			
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <em>(Appeal Notice, Brief, Reply Brief)</em> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <em>(please identify below):</em> Return Postcard Preliminary Amendment Updated Application Data Sheet			
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

RECEIVED  
TECH CENTER 1400  
APR 17 2002

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm and Individual name	Townsend and Townsend and Crew LLP Kevin Bastian Reg. No. 34,774	
Signature		
Date	April 4, 2002	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:		
April 4, 2002		
Typed or printed name	Joy M. Marshall	
Signature		Date April 4, 2002

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
SF 133359 v1